



Elkhart Lake Police Department
Michael Meeusen – Chief of Police
40 Pine Street, P.O. Box 578
Elkhart Lake, WI 53020-0412
(920) 876-2244 Fax (920) 876-2795

Elkhart Lake Police Department
Internship Application and Ride-Along Request Form

Name: _____ Phone(____)_____-_____
Last First Middle

Address: _____ City: _____ State: _____

Date of Birth: _____

Do you have any medical conditions that we should be aware of? YES NO

If yes, explain:

Who should we contact in case of emergency?

Name: _____ Address: _____

Phone:(____)_____-_____

Please check all that apply:

____ Village Employee

____ Police Officer, Agency _____

____ Law Enforcement Student

____ Spouse or immediate family member of an Elkhart Lake Police Department member

____ Other, Explain: _____

Reason for ride-along: _____

Date of requested ride-along: ____/____/____ Times: _____ to _____

The above listed individual has been given/denied permission to participate in a ride along with the Elkhart Lake Police Department.

Chief of Police

Date

For office use only:

____ *CIB* ____ *In house* ____ *DL Check* ____ *Probation/Parole*

Comments: _____

For and in consideration of the undersigned being given the opportunity of observing police operations and functions of the Elkhart Lake Police Department by riding in an automobile operated by members of the Elkhart Lake Police Department and by any and all other means of observation whatsoever, the undersigned, in order to avail himself/herself of said opportunity, recognizes and assumes any and all risks pertaining thereto.

The undersigned also releases the Village of Elkhart Lake, its officials, officers and all other personnel of the Village of Elkhart Lake from any and all liability whatsoever for any injuries, damages and claims the undersigned, his heirs, dependents and assigns may sustain in and about any police vehicle or in any other way during the course of the observation and studies by the undersigned of the operation and functions of the Elkhart Lake Police Department.

Signature of ride along

Date and time

Signature of parent of legal guardian
If under 18 years of age

Date and time

Signature of witness

Date and time

RULES FOR RIDERS IN THE RIDE ALONG PROGRAM

1. Riders will act and dress in a professional fashion. Clothing should be in good condition and should not have any objectionable words, phrases, or pictures on them. The department reserves the right to refuse ride along authorization if it determines that dress does not meet department standards.
2. Ride alongs will carry no firearms, with the exception of certified law enforcement officers. In such cases, prior approval must be obtained by the Chief of Police.
3. Recording devices and/or cameras will not be allowed without prior consent from the Chief of Police.
4. Ride alongs are required to follow any and all instructions given by the officers of the Elkhart Lake police department.
5. The ride along will not assist the officers nor participate in any police duty without authorization from the officer.
6. Ride alongs will not interfere with the investigation of an incident or with the officer's ability to perform his/her duties.
7. All activities and information observed, overheard, or resulting from the ride along's involvement with the Elkhart Lake Police Department and its clients will be treated by the ride along as "confidential". Any reports required of the ride along participants are subject to review by the Chief of Police.



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AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the **Elkhart Lake Police Department**

or other authorized representative thereof bearing this release to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. Any law enforcement or jail officer

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).
2. _____

This release is executed to authorize the **Elkhart Lake Police Department**,

as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Full Name

Date

Signature - Full Name

Address - Street and Number

City

State

Zip

Witness: _____